

## APPLICATION FOR MAPLE DEALER/PROCESSOR LICENSE

Business Name: Physical Address: City, State, Zip:		Owner Name: Mailing Address: City, State, Zip:			
Telephone: Email:	Telephone: Email:				
I am applying for:	Dealer License (\$20)	A person who annually buys, or otherwise acquires, 1,000 to 2,499 gallons of maple syrup, for purposes of packaging for resale, or for resale in bulk.			
(Check all that apply):	Processor License (\$100)	A person who annually buys, or otherwise acquires, 2,500 gallons of maple syrup or more for purposes of packaging for resale, processing into associated products, or for resale in bulk.			
		products, and any artificial maple flavored products which I sell, will 6 V.S.A. Chapter 32, and all regulations promulgated under the Act.			
	bove information and the inventate to prove its authenticity.	tory and sales information on page 2 are true and accurate and that I			
Date:		Signature:			
Please remit payment to	C/o Consume 116 State Stro	Vermont Agency of Agriculture C/o Consumer Protection 116 State Street Montpelier, Vermont 05620-2901			
	READ THIS SECTION PR	IOR TO SIGNING APPLICATION FORM			
By signing this License You Standing You May Be Subje	-	ing with the Requirements Below. If You Certify Falsely That You Are In Good			
By law (15 V.S.A. Section 7 standing with any order to p	- ·	e for trade or business unless the licensee first certifies that he or she is in good			
·	· ·	for business or trade unless the licensee certifies, under the pains and penalties of axes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000			
Good standing me					
	<ul><li>the liability is on appeal</li><li>the licensee is complyin</li></ul>	; g with a State authorized payment plan; or			
	- the immediate payment	would cause unreasonable hardship. (If you are claiming			
For further information the l	hardship, please contact the department icensee should be a second contact the dep	the licensing agency for further information.) at of Taxes at (802) 828-2518.			
		nat I am in good standing with respect to any obligation for child arry that I am in good standing with respect to all taxes due to the State			
Date:		Signature:			

## **Inventory and Sales Usage from Prior Year**

I certify that my inventory of maple syrup from Jan 1 – Dec 31of the prior year is displayed in Table I.

(INTIAL)

I.	Inventory and Purchases:	Inventory Jan 1 – Dec 31 (Pounds)	Purchased Jan 1 – Dec 31 (Pounds)	Inventory on Dec 31 (Pounds)
	Pure Vermont Maple Syrup			
	Pure Maple Syrup Produced in Canada			
	Pure Maple Syrup Produced in areas Other than Canada and Vermont			

I certify that my Sales & Use of maple syrup from Jan 1 – Dec 31 of the prior year is displayed in Table II.

(INTIAL)

II.	Sales & Use:	Labeled Vermont Product	Not Labeled Vermont (Pounds)	Total (Pounds)
		(Pounds)		
-	Maple Syrup in Bulk Containers			
	Packaged Maple Syrup			
	Maple Syrup Used to Make Pure Maple Products			
	Maple Syrup Used to Make Products Other than Pure Maple Products			